



**CONSENT OF INDEPENDENT OR MINOR POLITICAL PARTY
CANDIDATE NOMINATED BY PETITION FOR CITY OR TOWN OFFICE IN 2015**

(CAN-45)

State Form 49027 (R5 / 7-14)

Indiana Election Commission (IC 3-8-6-12)

INSTRUCTIONS: This consent must be filed with the certified CAN-44 petition of nomination form by an independent candidate or a candidate of a political party nominated by petition by NOON, July 15, 2015. This form is not used by Democratic, Libertarian, or Republican Party candidates.

SEE IMPORTANT INFORMATION ON BACK OF FORM.

All candidates seeking a election to a city or town office must file the CAN-12 statement of economic interests WITH this form.

STATE OF INDIANA)

)

COUNTY OF MARION)

)

GENERAL INFORMATION

I, _____ the undersigned,
First Name of Candidate Middle Name of Candidate Last Name of Candidate

certify the following:

(1) I am a registered voter of Precinct _____ of the Township of _____, (or of Ward _____ of the City or Town of _____), County of _____, State of Indiana.

(2) I am a candidate for the office of _____, District _____ (if any) in the (check one box)
☐ City or the ☐ Town of _____.

(3) I give my written consent under IC 3-8-6-12 to the circulation and filing of a petition under IC 3-8-6 to place my name on the ballot for the municipal election to be held on November 3, 2015, designated as an independent candidate or a candidate of the Party stated on the petition of nomination (CAN-44 form) attached to this consent. (Note: If you claim affiliation with a political party, the name of the party may not be identical with or result in voter confusion due to its similarity with that of a party guaranteed ballot access under Indiana law or which has already filed a petition for ballot placement. (IC 3-8-6-5.5))

(4) (This paragraph does not apply to an independent candidate.) I am ☐ OR am not ☐ (check one box) affiliated with the same political party as any other candidate or group of candidates that has filed or will be filing a petition of nomination with the county voter registration office. (You may attach additional information concerning your affiliation with specific candidates of the same political party.)

(5) I comply with all requirements under the laws of the State of Indiana to be a candidate for this office (including any applicable residency requirements). I am not ineligible to be a candidate due to a criminal conviction that would prohibit me from serving in this office.

RESIDENCY INFORMATION

(6) My residence address is:

_____, Indiana _____
Complete Residence Address Must Be Inserted City ZIP Code

(7) My mailing address is (if different from residence address):

_____, Indiana _____
Mailing Address (Write "SAME" if both addresses are identical or leave blank) City ZIP Code

CANDIDATE NAME INFORMATION

(8) I request that my name appear on the general election ballot in the following manner:

(*Include any Nickname and/or Suffix, Jr. Sr. II III IV)

I also request that my name on my voter registration record be the same as the name on this consent, and that a copy of this form be forwarded to the county voter registration office for any necessary change.

The candidate's name must comply with the requirements in Indiana Code 3-5-7. If a candidate's name does not comply with this state law, the consent may be challenged under Indiana Code 3-8-1-2.

*A candidate may use a nickname on the ballot only if the nickname is a name by which the candidate is commonly known and does not exceed 20 characters.

EXAMPLE: John R. (Jack) Doe A candidate may not use a title or degree as a designation or a designation that implies a title or degree.

↓ Please complete reverse of form ↓

CANDIDATE CERTIFICATION

(9) By initialing, I acknowledge that I have attached a copy of the CAN-12 statement of economic interests, file stamped by the office of the appropriate circuit court clerk, or a receipt or photocopy of a receipt showing that this statement of economic interest has been filed. (initial here) _____

(10) By initialing, I acknowledge that I might be required to file a surety bond before serving in office. (initial here) _____

(11) By initialing, I acknowledge that I might be required to complete training or have attained certification related to service in office. (initial here) _____

(12) By initialing, I acknowledge that I: am aware of the provisions of IC 3-9 regarding campaign finance and the reporting of campaign finance contributions and expenditures, and agree to comply with the provision of IC 3-9. (initial here) _____

(13) I have been a candidate for state or local office in Indiana in a previous primary election: ☐ Yes ☐ No (Check one)
(If the answer to this question is no, skip paragraph 14 and proceed to paragraph 15.)

(14) I have filed all reports required by IC 3-9-5-10 for all previous candidacies: ☐ Yes ☐ No (Check one)

(15) (This paragraph applies to a candidate for a local office if the local office receives compensation of **at least \$5,000 per year**, or to a local office if the local office receives compensation of less than \$5,000 but the candidate raises or spends more than \$500.) I have filed a campaign finance statement of organization for my principal candidate's committee with the appropriate county election board **OR** I am aware that I may be required to file the campaign finance statement of organization not later than noon, seven (7) days after the final date to file this declaration of candidacy. (initial here) _____

I certify that the information in this Declaration of Candidacy is true and complete, and that I meet the specific requirements of this office.

Signature

_____/_____/_____
Date Signed (MM/DD/YY)

(_____)_____
Telephone (Day)

(_____)_____
Telephone (Evening)

STATE OF _____)
COUNTY OF _____) SS:

Subscribed and sworn to before me this _____ day of _____, 2015.

Notary Public or Other Official Administering Oath under IC 33-42-4-1

My Commission expires (applies only to Notary Public): _____

County of Residence: _____

SEAL

CAMPAIGN FINANCE NOTICE

A candidate's committee must file its first campaign finance report no later than **NOON, Wednesday, August 5, 2015**, with the appropriate county election board.

A candidate's committee must file a pre-municipal election campaign finance report no later than **NOON, Friday, October 16, 2015**, with the appropriate county election board.

The candidate's committee must also file a pre-municipal election supplemental report no later than forty-eight (48) hours after the committee receives contributions from a person that total \$1,000 or more during the period beginning **October 10, 2015 and ending November 1, 2015**, with the appropriate county election board. If no such contribution is received, the candidate's committee is not required to file a supplemental report.

A person who fails to file a report with a county election board is subject to a civil penalty of \$50 for each day the report is late, with the afternoon of the final date for filing the report being calculated as the first day, for a maximum penalty of not more than \$1,000, plus any investigative costs incurred and documented by the county election board.

**PETITION OF NOMINATION FOR CITY OR TOWN OFFICE IN 2015**

State Form 49024 (R5 / 7-14)

Indiana Election Commission (IC 3-8-6-5; IC 3-8-6-10)

(CAN-44)**COUNTY: MARION**

INSTRUCTIONS: This petition is used to nominate independent candidates or candidates of a minor political party not already entitled to have its candidates placed on the ballot. Petitioners are not required to provide precinct/ward information. The county voter registration office will complete this information after the petition is filed. Except in cases of disability, the petitioner must complete this information in the petitioner's own handwriting. If assistance is provided due to disability, the assister must complete the affidavit on the reverse of this form. Each candidate must also complete a Candidate's Consent form (CAN-45). *The political party affiliation, if any, of each candidate with any other candidate or group of candidates is set forth on the CAN-45 form.* **This petition must be filed with the appropriate county voter registration office for processing no earlier than January 8, 2015 and no later than NOON, June 30, 2015. Democratic and Republican Party candidates running in a municipal primary should use a CAN-42 form, not this form. Democratic, Libertarian, and Republican Party candidates in a town which is not conducting a municipal primary use a CAN-16 form, not this form.**

TO THE MARION COUNTY VOTER REGISTRATION OFFICE:

Each of the undersigned represents that: 1) the individual resides at the address after the individual's signature; 2) the individual is a duly qualified registered voter in Indiana; and 3) the individual desires to be able to vote for the candidates listed below; and each of the undersigned respectfully requests you to place the following named legally qualified candidates on the November 3, 2015 Municipal Election Ballot as *(check only one box please)* ☐ independent candidates *or* ☐ as candidates on the _____ Party ticket.

Candidate Name (as established on CAN-45 form)		Complete Candidate Address (If different from residence, include mailing address)	Office Sought	Insert here any political party device to be printed on the ballot under IC 3-8-7-11
1				
2				
3				
4				

	SIGNATURE	PRINTED NAME		DATE OF BIRTH MM/DD/YYYY	RESIDENCE ADDRESS (No P.O. Boxes) Number Street Apartment	CITY or TOWN & ZIP CODE	Office Use Only Precinct/Ward
		First	Last				
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

Petition Carrier Certification

I affirm under the penalties for perjury that I have no reason to believe that any individual whose signature appears on this page is ineligible to sign this petition or did not properly complete and sign this page.

_____, 20____
CARRIER'S SIGNATURE CARRIER'S PRINTED NAME CARRIER'S DATE OF BIRTH (month, day, year) DATE SIGNED BY CARRIER (month, day, year)

CARRIER'S FULL ADDRESS, INCLUDING ZIP CODE (number and street, city, state, and ZIP code)

County Voter Registration Office Certification				County Voter Registration Office Certification			
County:		Number of Valid Signatures:		County:		Number of Valid Signatures:	
I certify that, in accordance with IC 3-8-6-10(c), I have reviewed the registration records of the petitioners on this petition and certify the above number to be registered voters of this County.				I certify that, in accordance with IC 3-8-6-10(c), I have reviewed the registration records of the petitioners on this petition and certify the above number to be registered voters of this County.			
Witness my/our hand and seal this _____ day of _____, 2014, at _____, Indiana.		COUNTY SEAL HERE		Witness my/our hand and seal this _____ day of _____, 2014, at _____, Indiana.		COUNTY SEAL HERE	
Signature 1		<input type="checkbox"/> Clerk of the Circuit Court or <input type="checkbox"/> Member of the Board of Registration		Signature 1		<input type="checkbox"/> Clerk of the Circuit Court or <input type="checkbox"/> Member of the Board of Registration	
Signature 2		<input type="checkbox"/> Member of the Board of Registration		Signature 2		<input type="checkbox"/> Member of the Board of Registration	

Affidavit of Assistance Provided to Petitioner(s)		
I affirm under the penalties for perjury that I assisted the following petitioners, due to disability, in writing the petitioner's signature, printed name, and residence address on this petition:		
Names of Petitioners Assisted by me: _____		

_____, 20____		
DATE ASSISTANCE PROVIDED (month, day, year)		
ASSISTER'S SIGNATURE	ASSISTER'S PRINTED NAME	ASSISTER'S ADDRESS (number and street, city, state, and ZIP code)